

# The Influence of End of Life Education on Stress, Anxiety, and Attitude of the Healthcare Profession Student

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## Introduction

- ❑ Research has indicated that nurses need more preparation and support in coping with caring for dying patients.<sup>1</sup>
- ❑ Nursing students are likely to have dying patients, and their families project the impact of the death onto them.<sup>2</sup>
- ❑ The nursing student not prepared to handle the emotional reactions of a patient dying limits the professional ability to care for dying patients and makes it difficult for the student to comprehend the emotional responses of the patient and their families.<sup>3</sup>
- ❑ Caring for a dying patient can be a highly stressful experience for those involved.<sup>4</sup>

## Methods

- ❑ **Purpose:** The goal of this Final DNP Project was to decrease stress, anxiety, and change attitudes amongst the healthcare profession students providing care for the patient at the end of life (EOL) stage. Healthcare profession students enrolled in their 3rd semester, Public Health rotation, completed:
  - ❑ Education Modules: ELNEC (End of Life Nursing Education Consortium) Undergraduate Curriculum
  - ❑ Simulation scenario related to a dying patient with debriefing
  - ❑ Clinical Rotation at Hospice facility
- ❑ **Aim:** To gain knowledge about the effectiveness of healthcare professions students caring for dying patients and if receiving training sessions at the end of life affect stress levels
- ❑ **Design:** Pre-Test/ Post Test Survey (FATCOD- Frommelt Attitude Toward Care of the Dying Patient)
- ❑ **Sample:** 30 Undergraduate Nursing Students

## Survey Tool

### Appendix: FATCOD, Form B

In these items, the purpose is to learn how healthcare providers feel about certain situations in which they are involved with patients. All statements concern the giving of care to the dying person and/or their family. When there is reference to a dying patient, assume to refer to a person who is considered to be terminally ill and to have six months or less to live. Please circle the statement that corresponds to your own personal feelings about the attitude or situation presented. Please respond to all 15 statements on the scale.

- Giving care to the dying person is a worthwhile experience.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Death is not the worst thing that can happen to a person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would be uncomfortable talking about impending death with the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Caring for the patient's family should continue throughout the period of grief and bereavement.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would not want to care for a dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- The nonfamily caregivers should not be the one to talk about death with the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- The length of time required giving care to a dying person would frustrate me.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would be upset when the dying person's care came to an end.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- It is difficult to form a close relationship with the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- There are times when the dying person welcomes death.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- The family should be involved in the physical care of the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would hope the person I'm caring for dies when I am not present.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I am afraid to become friends with a dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would feel like running away when the person actually died.  
Strongly disagree Disagree Uncertain Agree Strongly agree

### Appendix: FATCOD, Form B (continued)

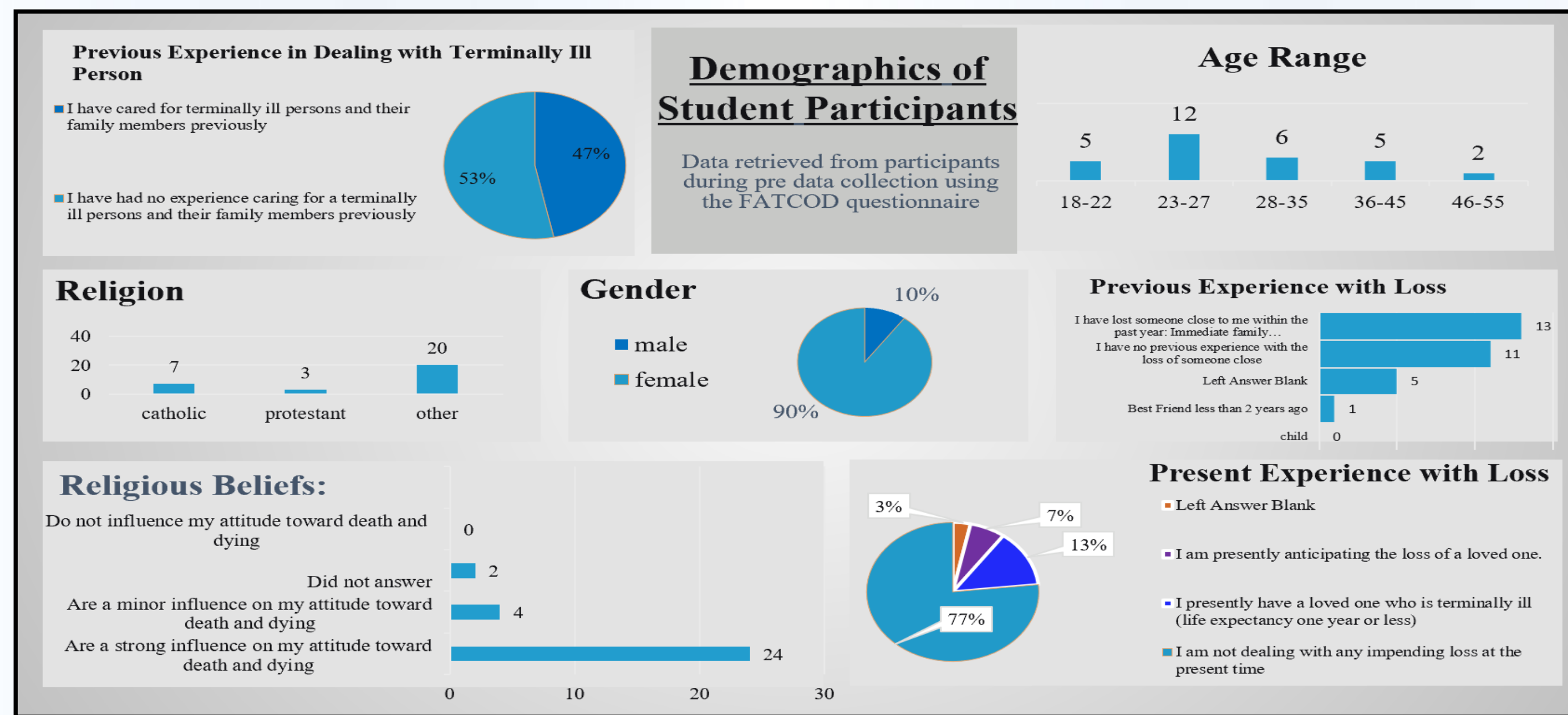
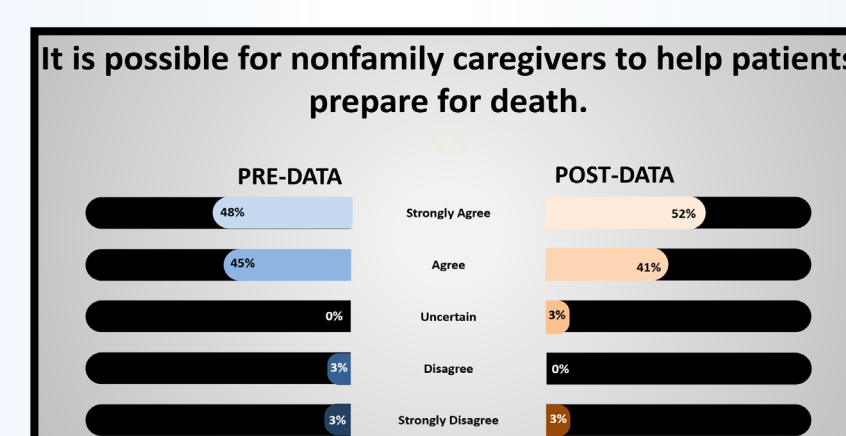
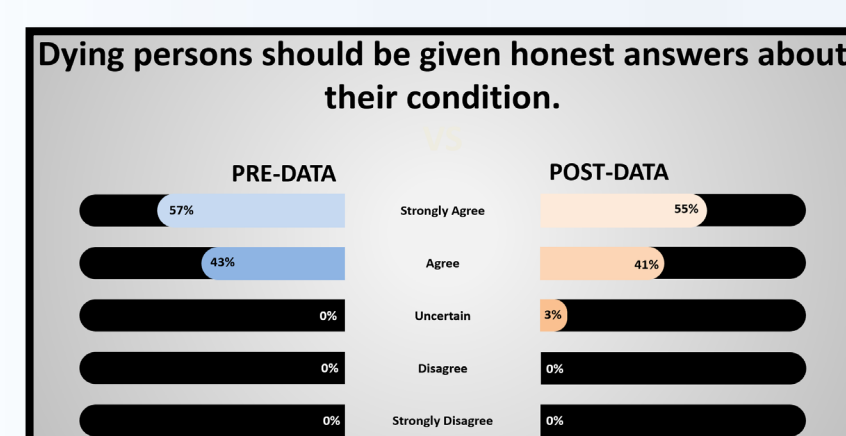
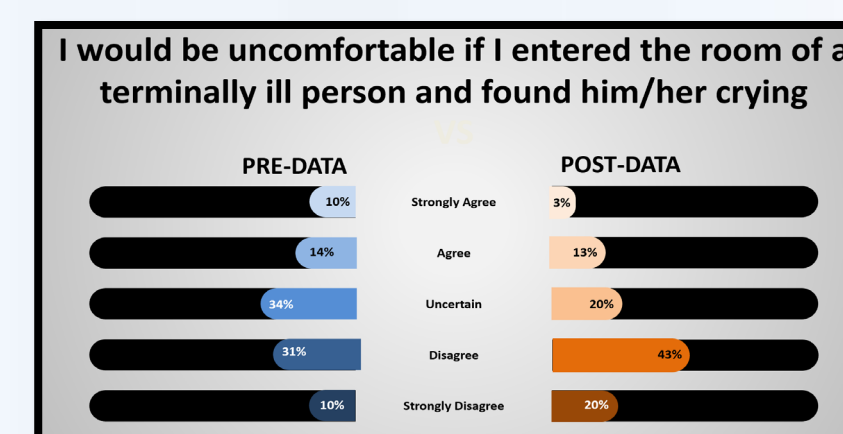
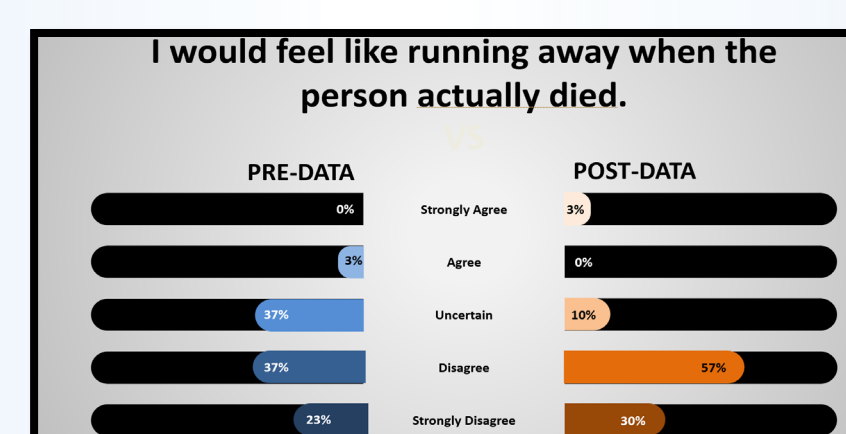
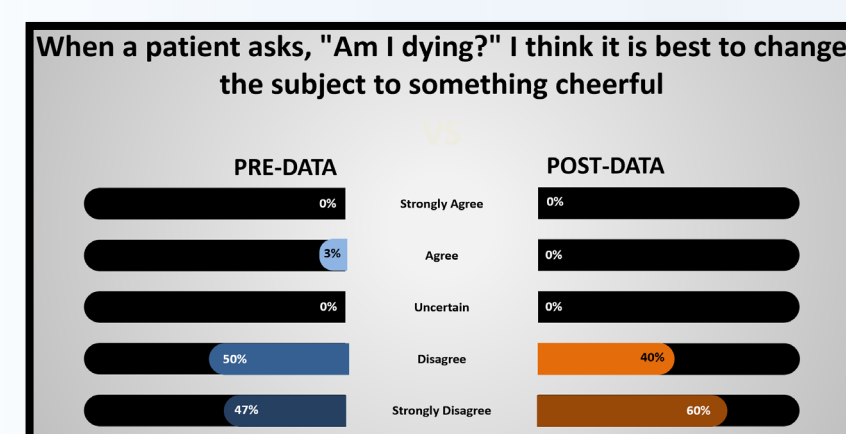
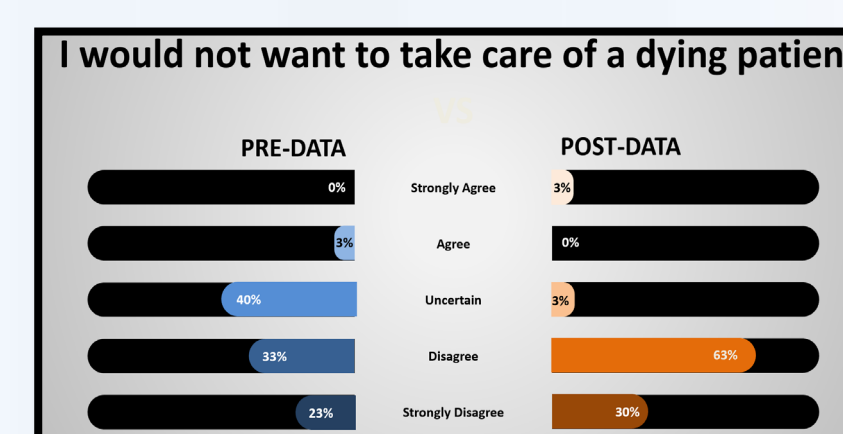
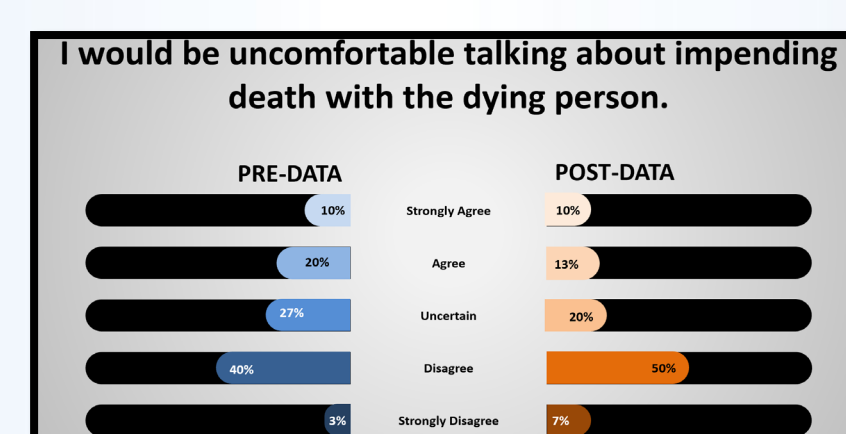
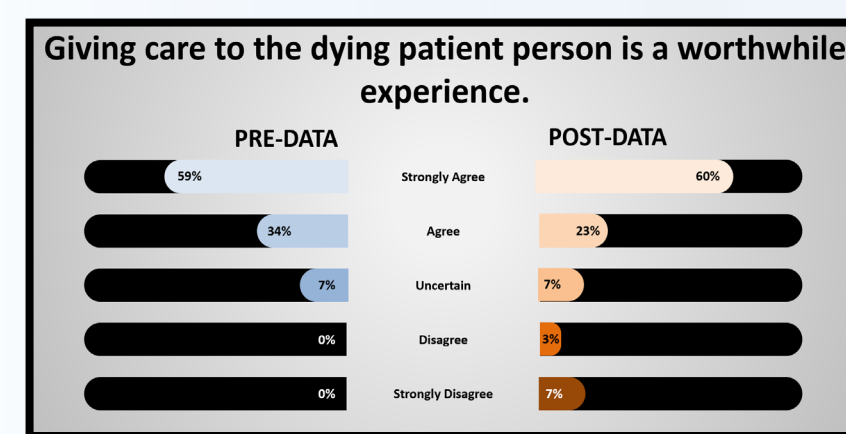
- Family and emotional support to accept the behavior changes of the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- As a patient nears death, the nonfamily caregiver should withdraw from his/her involvement with the patient.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Family should be concerned about helping their dying member make the best of his/her remaining life.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- The dying person should not be allowed to make decisions about his/her physical care.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Family should maintain as normal an environment as possible for their dying member.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- It is best for the dying person to verbalize his/her feelings.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Care should extend to the family of the dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Caregivers should permit dying persons to have flexible visiting schedules.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- The dying person and his/her family should be the large decision makers.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Addition to pain relieving medication should not be a concern when dealing with a dying person.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Dying persons should be given honest answers about their condition.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Education about death and dying is not a necessary caregiver responsibility.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- Family members who stay close to a dying person often interfere with the professional's job with the patient.  
Strongly disagree Disagree Uncertain Agree Strongly agree
- It is possible for nonfamily caregivers to help patients prepare for death.  
Strongly disagree Disagree Uncertain Agree Strongly agree

\*Nonfamily caregiver is defined as anyone who is giving care to the dying person, professional or nonprofessional, who is not a member of the patient's family.  
Last four digits of your Social Security number: \_\_\_\_\_  
Completion and return of this questionnaire will be considered as your consent to be a research subject to this study. Your anonymity is guaranteed.

Retrieved from Frommelt, K. (2003). Attitudes toward care of the terminally ill: An educational intervention. *American Journal of Hospice and Palliative Medicine*, 20(1), 13-22.

## Results

The total FATCOD scores showed positive, supportive attitudes, and less stress towards EOL care, with 63% of respondents willing to care for a dying person. Overall, the data revealed a decrease in stress, anxiety, and attitude change to EOL care amongst the respondents. Verbal comments indicated the project was regarded as a valuable learning opportunity. The ELNEC Undergraduate Curriculum education, simulation scenario of a dying patient, and the hospice facility rotation improved students' attitude, stress, and anxiety.



## Conclusion

- ❑ This Final DNP Project has been disseminated at West Coast University- Dallas Campus, with sustainability ongoing each term.
  - ❑ Students completing their Public Health rotation is enrolled in the ELNEC Undergraduate Curriculum, complete a dying patient scenario, and have the option to complete hours at a hospice facility.
- ❑ The Final DNP Project positively reflects the evidence that providing a standardized education program paired with a clinical experience improves attitudes, stress, and anxiety when providing care for a dying patient.
- ❑ EOL nursing education and teaching strategies should connect the student, course content, practical experience, and the dying patient.

## Acknowledgements

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## References

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